

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 322-2526



July 18, 1979

ALL-COUNTY INFORMATION NOTICE I-76-79

TO: ALL WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS

SUBJECT: REQUEST FOR PHOTOCOPIES OF UIB OR DIB CHECKS (GEN 973)

REFERENCE: ALL-COUNTY INFORMATION NOTICE I-1-79

The attached is the revised document GEN 973 which should be used for requesting photocopies of UIB or DIB checks when they are needed for verification of eligibility or needed in the course of an investigation. These requests are to be sent to the address on the form. If certified copies of these checks are required, a subpoena must be obtained and forwarded together with the appropriate documents as specified on the GEN 973 document to:

Mr. J. C. Ingle, Chief
Central Operations, Employment Tax Branch MIC 97
Employment Development Department
800 Capitol Mall
Sacramento, CA 95814

The new form specifies which completed documents must accompany the GEN 973. Note that the ECS 155 form may be substituted for the DE 507 if the county requestor code is written on the ECS 155 document.

Copies of the revised GEN 973 can be obtained from the DSS warehouse through standard ordering procedures using the GEN 727B order form. The original GEN 973 is obsolete and should no longer be used.

If you have any questions, contact in the Fraud Prevention Section Christa-Maria Engle at: 916/322-1912 or Rick Kozlowski at: 916/445-4477.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Philip J. Manriquez', written over a circular stamp.
PHILIP J. MANRIQUEZ
Deputy Director

Attachment

cc: CWDA

GEN 654a (7/78)

REQUEST FOR PHOTOCOPIES OF UIB OR DIB CHECKS

This Request is authorized under Section 11478
of the Welfare and Institutions Code

Certified copies of checks available by subpoena only.

*This office is investigating an alleged case
of welfare fraud involving the individual named
below. It is suspected that the person has
fraudulently received funds from the AFDC
program while receiving Unemployment or
Disability Insurance Benefits during the
period of:*

TO: **EMPLOYMENT DEVELOPMENT DEPARTMENT**
Benefit Accounting Group MIC 24
800 Capitol Mall
Sacramento, CA 95814

MO.	YR.	THROUGH	MO.	YR.
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COUNTY REQUEST:

COUNTY REQUESTOR CODE	NAME OF RECIPIENT	SOCIAL SECURITY NUMBER
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CHECK THE TYPE OF PHOTOCOPY REQUESTED

- ☐ UIB checks prior to July 1, 1976 – The county must attach the following completed forms. DE 507* and DE 737
- ☐ UIB checks after July 1, 1976 – The county must attach the following completed form. ECC 586 – A
- ☐ DIB checks – The county must attach the following completed forms. DE 507* and ABCD 351

* ECS 155 may be substituted for DE 507 if county indicated requestor code on ECS 155.

SIGNATURE	TITLE	DATE
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**RETURN
TO:**

EDD Response: